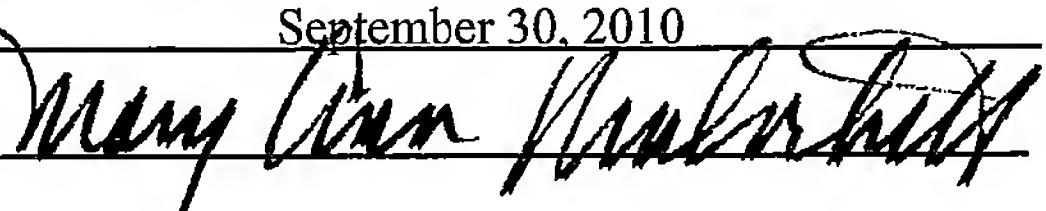
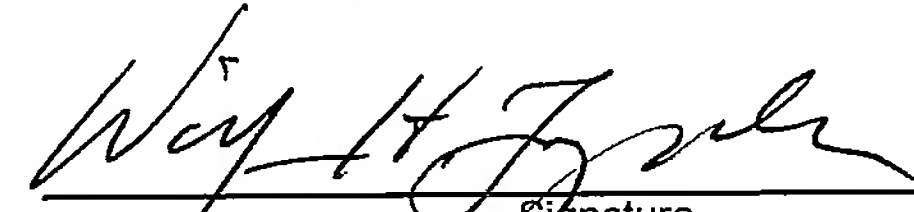


NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 4544 - 062454					
I hereby certify that this correspondence is being transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <u>September 30, 2010</u> Signature <u></u> Typed or printed name <u>Mary Ann Mulvihill</u>		In re Application of <div style="text-align: center; padding: 5px;">Prakash Singh Bisen</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Application Number 10/590,118</td> <td style="width: 50%; padding: 5px;">Filed 2/21/2005</td> </tr> </table> For "Diagnostic Kit for Detecting Pulmonary ..." <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Art Unit 1645</td> <td style="width: 50%; padding: 5px;">Examiner Rodney P. Swartz, Ph.D.</td> </tr> </table>		Application Number 10/590,118	Filed 2/21/2005	Art Unit 1645	Examiner Rodney P. Swartz, Ph.D.
Application Number 10/590,118	Filed 2/21/2005						
Art Unit 1645	Examiner Rodney P. Swartz, Ph.D.						
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.							
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))		\$ <u>540.00</u>					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$ _____					
<input type="checkbox"/> A check in the amount of the fee is enclosed.							
<input checked="" type="checkbox"/> Payment by credit card.							
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.							
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>23-0650</u> . I have enclosed a duplicate copy of this sheet.							
<input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
I am the		<div style="text-align: center;">  _____ Signature </div>					
<input type="checkbox"/> applicant/inventor.		<div style="text-align: center;"> William H. Logsdon _____ Typed or printed name </div>					
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		<div style="text-align: center;"> 412-471-8815 _____ Telephone number </div>					
<input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>22,132</u>		<div style="text-align: center;"> Date </div>					
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.							